

SNOHOMISH COUNTY SHERIFF'S OFFICE
CORRECTIONS BUREAU

INTEGRITY • DIGNITY • COMMITMENT • PRIDE



PROFESSIONAL VISITATION REQUEST FORM

E-mail this completed form as an attachment to SCR-Professional.Visit@snoco.org
completed hard copy to the Professional Visitation Deputy in person. All visit requests must be recieved at least 4 hours prior to the requested visit time.

PROFESSIONAL REQUESTING VISIT:

AGENCY OR OFFICE NAME:

CONTACT PHONE # OR E-MAIL:

VISIT DATE:

VISIT START TIME:

VISIT LENGTH (ESTIMATE OF TOTAL TIME):

(one visit time slot request per form)

*REQUIRED TO BE COMPLETED BY VISIT REQUESTOR			SCSO STAFF USE ONLY		
VISIT RANK	*INMATE NAME (NAME CAN BE LEFT OFF FOR HIPAA RELATED REQUESTS)	*CIN	HOUSING	APPROVED Y/N?	PERS #
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

You can find information about inmates currently in custody, to include their CIN (6 digit jail identification number) on our "Jail Register" which can be found at <http://www.snohomishcountywa.gov>

**Incomplete or inaccurate information on this form may result in a visit denial
We will attempt to notify you of any visits we deny, but cannot guarantee notification

NORTH PRECINCT
15100 40TH Ave. N.E.
Marysville, WA 98271
Phone (425) 388-5200
FAX (360) 653-7609

SOUTH PRECINCT
15928 Mill Creek Blvd.
Mill Creek, WA 98012
Phone (425) 388-5250
FAX (425) 337-5809

EAST PRECINCT
515 Main Street
Sultan, WA 98294
Phone (425) 388-6260
FAX (360) 793-7774

CORRECTIONS
3000 Rockefeller Ave. M/S 509
Everett, WA 98201
Phone (425) 388-3474
FAX (425) 339-2244

ADMINISTRATION
3000 Rockefeller Ave. M/S 606
Everett, WA 98201
Phone (425) 388-3342
FAX (425) 388-3805